

The enrolling parent at the zoned school must complete this application.



2020-21 Elementary IMPACT ACADEMY Application



Student ID Number: _____

Zoned School: _____

Grade: _____
What grade will the student be in during the 20/21 school year?

Student Information

Student Name: _____
Last Name First Name Middle Name Nickname

Birth Date: _____ Age: ____ Gender: ____ Have you been enrolled at IA previously? Yes or No

Address: _____ City: _____ Zip: _____

A Google, Yahoo, etc for the student not the parent

Student's Email Address : Student Phone Number: _____

With whom does the student reside? Mother Father Both Parents Legal Guardian

Does your child have a 504 plan or an IEP? Yes (Check one) No

If your child receives 504 or special education services, has the 504 or IEP team met to determine if Impact Academy services are appropriate for your child? Yes or No

If not, the 504 or the IEP team will need to meet to determine the appropriateness of Impact Academy Services for your child before you may proceed with Impact Academy enrollment.

Parent/Guardian Contact Information

Name of Parent/Guardian	Parent Email Address	Home No.	Work No.	Cell No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contacts (Please list adults authorized to check out student from school)

Name of Authorized Person	Relationship to Student	Home No.	Work No.	Cell No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****Note:** The custodial parent/legal guardian who enrolls the student must grant permission for any individual, including the non-custodial parent, to check out a student from school. Legal guardianship must be established by court order and documentation provided to the school.

Does your child require any medications to be administered while at school? Yes or No

Students who are administered medication at school must have a medication authorization form on file before medication can be administered.

READ CAREFULLY BELOW

When a parent/guardian enrolls a student at Impact Academy the student is **REQUIRED** to stay at Impact Academy for at least the semester. Requests to change the placement from Impact Academy back to the zoned school after the semester has begun will not be honored. I understand and agree to this attendance requirement: Yes or No **IMPORTANT**

Please print and sign here.



Parent/Legal Guardian Signature

Date

****If student is injured or becomes ill at school, the principal or his/her designee will attempt to notify parent/guardians and act according to the directions of the parents/legal guardians. If parents/legal guardians cannot be reached, the principal will take the necessary actions to protect the health and well-being of the student.**



2020 Elementary IMPACT ACADEMY AGREEMENT

For Parents Please put your initials in the boxes below that you agree.

Student Behaviors: I agree to the following (initial each statement below)

- My child will abide by the Henry County Schools Disciplinary Guidelines as outlined in the Code of Conduct.
- I and my child will seek out help from my teachers when needed.
- I will help my child organized and stay organized.
- I will help my child stay on pace for my courses.
- My child will avoid adverse and disruptive behaviors.

Student Status and Comittments: I have enrolled at Impact Academy by my own choosing. I understand and commit to: (initial each statement below)

- My child must be at school two or three days or more as prescribed by the teacher.**
- My child will actively participate in designed instructional activities during each at home day.**
- A parent or another adult must be willing and available to actively engage in the at home school structure and act as a learning coach while the student learns from home.**
- All students are required to continue enrollment at Impact Academy for at least one semester.**

- My status as a student of Impact Academy can be immediately revoked at any time by the Principal.
- If my status is revoked or I fail to meet the requirements of Student Behaviors or Commitments
- I am not entitled to a hearing or to appeal if my status is revoked.

Administrative Action: I understand that my status as a student of Impact Academy will be reviewed periodically and if I am not meeting the terms of this agreement, The student will face consequences which may include, but not be limited to, the following: (Initial each statement below)

- Progressive discipline as outlined in the Code of Conduct
- Referral to a Disciplinary Hearing which could result in permanent expulsion
- Immediate revocation of my volunteer status and return to my home school

Parent/Legal Guardian Signature: _____ Please Print and Sign Here



Date: _____

REVIEWED

By Steve Thompson at 1:06 pm, Jun 07, 2020

